

BEST AVAILABLE COPY

SERIAL NUMBER <p style="text-align: center;">09/282,238</p>	FILING DATE <p style="text-align: center;">03/31/99</p>	CLASS <p style="text-align: center;">712</p>	GROUP ART UNIT <p style="text-align: center;">2784</p>	ATTORNEY DOCKET NO. <p style="text-align: center;">MS-77APP1(11</p>
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APPLICANT

ALESSANDRO FORIN, REDMOND, WA; JOHANNES V. HELANDER, BELLEVUE, WA;
 ANDREW R. RAFFMAN, WOODINVILLE, WA.

****CONTINUING DOMESTIC DATA******* *None*
 VERIFIED
JK

****371 (NAT'L STAGE) DATA******* *None*
 VERIFIED
JK

****FOREIGN APPLICATIONS******* *None*
 VERIFIED
JK

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/05/99

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <p style="text-align: center;">WA</p>	SHEETS DRAWING <p style="text-align: center;">40</p>	TOTAL CLAIMS <p style="text-align: center;">32</p>	INDEPENDENT CLAIMS <p style="text-align: center;">5</p>
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ADDRESS

SEE CUSTOMER NUMBER: 007265

TITLE

HIGHLY COMPONENTIZED SYSTEM ARCHITECTURE WITH A DEMAND-LOADING
 NAME SPACE AND PROGRAMMING MODEL

FILING FEE RECEIVED <p style="text-align: center;">\$1,262</p>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of tir <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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